## MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT

## UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

Donald R. MillER	
(Enter above the full name of the plaintiff or plaintiffs in	
this action)	
	10 C 4770
Tracy Reed	Judge David H. Coar <u>t</u> )  Magistrate Judge Susan E. Cox
JAMES ECAMON	- Mg Goldan E. Oox
OF The Dipage.	
County Sheriff.	
Ofc. Wolfe	
Ofc. Michels -	DET Louis
(Enter above the full name of ALL defendants in this action. Do not	
use "et al.")	
CHECK ONE ONLY:	
COMPLAINT UNDER TU.S. Code (state, county, o	THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983 or municipal defendants)
COMPLAINT UNDER T 28 SECTION 1331 U.S. 0	THE CONSTITUTION ("BIVENS" ACTION), TITLE Code (federal defendants)
OTHER (cite statute, if kr	nown)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I.	Plain	tiff(s):						
	A.	Name: Donald R. Miller						
	B.	List all aliases: N/A						
	C.	Prisoner identification number: 00 7 1414/						
	D.	Place of present confinement: Dupage County Jail						
	E.	Address: 501 No County Farm Road almoston						
	numb	ere is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. er, place of confinement, and current address according to the above format on a sate sheet of paper.)						
П.	(In A position for two	efendant(s):  n A below, place the full name of the first defendant in the first blank, his or her official esition in the second blank, and his or her place of employment in the third blank. Space or two additional defendants is provided in B and C.)						
	Α.	Defendant: Macy Kold						
		Title: Lefective						
		Place of Employment: Dupage County Sheatt						
	В.	Defendant: JAMES ECCANDT						
		Title: Réfective						
		Place of Employment: Dupage County Smerfff						
	C.	Defendant: Ofc. wolft						
		Title: _ OFFICER						
		Place of Employment: L:5/E, P.A						

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

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. Li co	st ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal urt in the United States:
A.	Name of case and docket number:
В.	Approximate date of filing lawsuit:
C.	List all plaintiffs (if you had co-plaintiffs), including any aliases:
D.	List all defendants:
E.	Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county):
F.	Name of judge to whom case was assigned:
G.	Basic claim made:
Н.	Disposition of this case (for example: Weg the ease dismissed? Weg it associated
11.	Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?):
I.	Approximate date of disposition:

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. COPLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

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Revised 9/2007

V.	Relief:
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( )	State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.
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EC	CAPD+ AND -7 WANT 250 000 \$ From
1	Detective Tracy Reed Also For every
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MN	I 1150 Police Lepartment Thesportaly.
VI.	The plaintiff demands that the case be tried by a jury. YES NO
,	The remaining area that the case of their by a fairy.
	CERTIFICATION
÷	By signing this Complaint, I certify that the facts stated in this
	Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be
	subject to sanctions by the Court.
	Signed this 21 day of July, 20/6
	Mille Davold
	(Signature of plaintiff or plaintiffs)
	(Print name)
	(I.D. Number)
	County FANN BODG Wheatow Il. Gold
	(Address) / HOM HORS (Sheaton 1)-Colo

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